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	LIBERT SETTE SIVE SETT SIVE CONTROL			1378651
FORM D		STATES HANGE COMMISSION		OMB APPROVAL
TORVI D	08047434	D.C. 20549	٠.	OMB Number: 3235-0076 Expires::
Į.	BECEIVER	AM D		Estimated average burden hours per response
		OF SALE OF SECURITI		SEC USE ONLY
\ \ \ \ \ \		ANT TO REGULATION D CTION 4(6), AND/OR),	Prefix Serial
		AITED OFFERING EXEM	APTION	DATE RECEIVED
Name of Offering	(check if this is an amendment and	I name has changed, and indicate cha	ange.)	
Filing Under (Check box(e	es) that apply): Rule 504 New Filing Amendment	Rule 505 🛛 Rule 506	☐ Section	4(6) 🛛 ULOE
i	A. I	BASIC IDENTIFICATION DATA		
Enter the information of Name of Issuer	equested about the issuer (check if this is an amendment an	d name has changed, and indicate ch	ange.)	
HRJ Capital VC V, L.P.		- 1 1 		
Address of Executive Offi 2965 Woodside Road, W		nber and Street, City, State, Zip Code	e) Telephone (650) 327-	Number (Including Area Code) 5023
Address of Principal Busin (if different from Executiv		nber and Street, City, State, Zip Code	e) Telephone	Number (Including Area Code)
Brief Description of Busin	iess	1		PROCESSE
Private Equity Investme		1	(NOV 0 2 2000
Type of Business Organiz	n 🛮 limited partners!	•	other (please spec	ify): THOMSON
business to	ust innited partnersi	Month Year		FINANCIAL
Actual or Estimated Date	of Incorporation or Organization:	0 8 0 6		☐ Estimated
Jurisdiction of Incorporati		ter U.S. Postal Service abbreviation; FN for other foreign jurisdiction)		E
GENERAL INSTRUCT	IONS		, ;	
•	s making an offering of securities in re	liance on an exemption under Regulat	tion D or Section	4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
77d(6). When To File: A notice in	nust be filed no later than 15 days after	the first sale of securities in the offe	ering. A notice is	deemed filed with the U.S. Securities and at that address after the date on which it is
due, on the date it was mail	ed by United States registered or certific	d mail to that address.		
Copies Required: Five (5	ities and Exchange Commission, 450 Fif oppies of this notice must be filed w	rith the SEC, one of which must be a	manually signed.	Any copies not manually signed must be
Information Required: A n	y signed copy or bear typed or printed si ew filing must contain all information re	quested. Amendment's need only repor	rt the name of the i	ssuer and offering, any changes thereto, the
information requested in Pa	irt C, and any material changes from the	information previously supplied in Pa	arts A and B. Part	E and the Appendix need not be filed with
the SEC.	i e	, i		
the SEC. Filing Fee: There is no fed State:	eral filing fee.	,		
Filing Fee: There is no fed State: This notice shall be used to that have adopted this form made. If a state requires the	o indicate reliance on the Uniform Limi 1. Issuers relying on ULOE must file a e payment of a fee as a precondition to	separate notice with the Securities Ad he claim for the exemption, a fee in th	dministrator in eac le proper amount si	h state where sales are to be, or have been hall accompany this form. This notice shall
Filing Fee: There is no fed State: This notice shall be used to that have adopted this form made. If a state requires the	o indicate reliance on the Uniform Limin. Issuers relying on ULOE must file a e payment of a fee as a precondition to tates in accordance with state law. The	separate notice with the Securities Ad he claim for the exemption, a fee in th	dministrator in eac le proper amount si	n those states that have adopted ULOE and h state where sales are to be, or have been half accompany this form. This notice shall it must be completed.
Filing Fee: There is no fed State: This notice shall be used to that have adopted this form made. If a state requires the filed in the appropriate state of the filed in the appropriate state.	in the appropriate states will	separate notice with the Securities Adhe claim for the exemption, a fee in the Appendix to the notice constitutes a parameter of the security and the security	dministrator in eac the proper amount sl rt of this notice and the deral exemption	h state where sales are to be, or have been hall accompany this form. This notice shall

Persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (6-02)

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	ICATION DATA	1		· · · · · · · · · · · · · · · · · · ·
2. Enter the information requested for the following:				
Each promoter of the issuer, if the issuer has been organized within the past five	ve years;	1 .		
Each beneficial owner having the power to vote or dispose, or direct the vote of	or disposition of, 10%	or more of a class of	equity:	securities of the issuer;
Each executive officer and director of corporate issuers and of corporate gener	:			· ·
				•
Each general and managing partner of partnership issuers.	! 	Director	· 🖂	General and/or
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	☐ Director	. 🖾	Managing Partner
Full Name (Last name first, if individual)	<u>- i </u>			
HRJ VC V Management, L.L.C.	ł.	1		
Business or Residence Address (Number and Street, City, State, Zip Code)	<u> </u>	1		
2965 Woodside Road, Woodside, CA 94062		· · · ·		
	Executive Officer	Director	⊠	General and/or
Check Box(es) that Apply: Promoter Beneficial Owner		Director.		Managing Partner
Full Name (Last name first, if individual)				
Barton, Harris		1		· ·
Business or Residence Address (Number and Street, City, State, Zip Code)	1			
2965 Woodside Road, Woodside, CA 94062		•		•
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	Director	Ø	General and/or
Circle Box(cs) man reprise	1	+ -		Managing Partner
Full Name (Last name first, if individual)				
Lott, Ronnie	<u> </u>	i		
Business or Residence Address (Number and Street, City, State, Zip Code)		I •		,
2965 Woodside Road, Woodside, CA 94062	1 .	· .		<u></u>
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	Director		General and/or
			<u>.</u>	Managing Partner
Full Name (Last name first, if individual)			,	
Chevrillon & Associes	<u> </u>	· · · · · · · · · · · · · · · · · · ·		
Business or Residence Address (Number and Street, City, State, Zip Code)	- - -		•	
4/6 Rond-Point des Champs-Elysees, Paris, France 75008	1 :	- **		
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	☐ Director		General and/or
	1			Managing Partner
Full Name (Last name first, if individual)	!			. "
Edgerton Foundation	<u> </u>			
Business or Residence Address (Number and Street, City, State, Zip Code)				
494 Spalding Dr., Beverly Hills, CA 90212	1 1			·
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	☐ Director		General and/or Managing Partner
	1			Widnaging Lature
Full Name (Last name first, if individual)		•		
Fine Family Limited Partnership	1	 		
Business or Residence Address (Number and Street, City, State, Zip Code)				
625 Liberty Ave., Dominion Tower, Suite 3110, Pittsburgh, PA 15222				Conomicandos
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐	Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first, if individual)				
Mellon Bank, N.A. as Trustee for UPMC Health System Pension Trust				
		·		
Business or Residence: Address (Number and Street, City, State, Zip Code) 4601 Baum Blvd., Ross Bldg., Pittsburgh, PA 15213	, 	•		•
(Use blank sheet, or copy and use addition	al copies of this she	et, as necessary)	* *	
(and a supply of supply and a supply a su				

				B.	INFORMA	TION ABO	OUT OFFE	RING			·	
							ا ما ما ما	min an		,	Yes	No I∑I
1. Has the	e issuer sold	, or does the	e issuer inter		non-accredi swer also in			•	- ULOE		٠, ப	Ø
2. What i	e the minim	um investm	ent that will					-		•	s	n/a
	, are mannin	um myesum	CIT HIST WILL	oc accepted	in Only any in	MITIGUEL. II	ļ	······			Yes	No
									•		\boxtimes	, . –
									tly or indir		•	-
commi	ssion or sim	illar remune I is an asso	ration for so ciated perso	n or agent	of a broker	or dealer re	on with sales egistered wit	or securing the the SEC	es in the offo and/or with	a state or		•
states,	list the name	e of the brol	ker or dealer	. If more th	ian five (5) p	ersons to be	listed are as	ssociated pe	ersons of suc	h a broker		
				n for that b	oker or deal	er only.	- 	· · · · ·				
Full Name (Winters, Ra	•	irsi, ii indiv	iouai)	*			1					•
Business or		Address (Nu	mber and St	reet, City, S	State, Zip Co	de)	i	·		.		
1033 Skoki	e Boulevard	J, Suite 430	, Northbroo	k, IL 6006	52		1	1.				
Name of As			er				1				•	
E.L.K. Cap States in W			Solicited or	Intende to S	aligit Purchs	COTC	1	•		.	·	
1	•		·			.ac13	1 '					I States
(Check "	All States" o	or check ind	ividuals Stat	es)		······································					⊔ Al	I States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA] _.	(HI)	[ID]
μLJX	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[[1]	[NM]	· [NY]	[NC]	[ND]	[ОН]	[OK]	[OR]	. [PA]
[RI]	[SC]	[SD]	[TN]	[TX]	ſυŋ	[VT]	[VA]	[WA]	[WV]	[WI] ·	[WY]	[PR]
					` -		1 7 7			<u> </u>	•	<u> </u>
Full Name (Last name f	irst, if indiv	idual)				1				•	
Business or	Residence .	Address (Nu	mber and St	reet, City, S	State, Zip Co	de)	.l		•	-		
Name of As	sociated Bro	oker or Deal	ler			· · ·	1 ,	· · · · · i·		٠.		
					· · · · · · · · · · · · · · · · · · ·		· 		<u> </u>			
States in W						asers	1.	i .		٠.	·	· ·
(Check "	All States"	or check ind	ividuals Stat	es)	•••••••					 .	. A	ll States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]
[រុំ]	[IN]	[lA]	[KS]	[KY]	[LA]	[ME]	[†] [MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	(UT)	[VT]	[VA]	[WA]	[WV]	(WI)	[WY]	[PR]
		-		<u> </u>			1		•			•
Full Name (Last name f	first, if indiv	idual)					:				•
Business or	Residence /	Address (Nu	imber and St	treet, City, S	State, Zip Co	de)	1	• •				:
j	•										· · · · · · · · · · · · · · · · · · ·	
Name of As	sociated Br	oker or Deal	ler		•	-	1	,				
States in W	high Domois	Listed Upp	Coligitad or	Intende to S	Solicit Purcha	nca r e	1.		,	·		
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(RI)	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	Γ̈́ [VA]	[WA]	[WV]	[WI]	[WY]	[PR]

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSE	S AND USE O	F PROCEEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check the indicate in the columns below the amounts of the securities offered for exchange and already	is box 🔲 and	Aggregate	Amount Already
	Type of Security		Offering Price	Sold
	Debt	***************************************	· 2	\$
	Equity		\$	\$
	Convertible Securities (including warrants)			
	Convertible Securities (including warrants)		\$	\$
•	Partnership Interests		S	\$ <u>41,750,000.00</u>
	Other (Specify)	,	\$	S
	Total		s	\$ <u>41,750,000.00</u>
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased secu offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504 number of persons who have purchased securities and the aggregate dollar amount of their the total lines. Enter "0" if answer is "none" or "zero."	, indicate the		
				Aggregate
		•	Number Investors	Dollar Amount of Purchases
•		•		
	Accredited investors			\$ <u>41,750,000.00</u>
	Non-accredited Investors			\$
3.	Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for a sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prio sale of securities in this offering. Classify securities by type listed in Part C — Question 1.	all securities or to the first		
	Type of Offering	•	Type of Security	Dollar Amount Sold
	Rule 505			S
	Regulation A			S
	Rule 504	1		
	Total		· · ·	•
	Total			J
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the this offering. Exclude amounts relating solely to organization expenses of the issuer. The may be given as subject to future contingencies. If the amount of an expenditure is not known estimate and check the box to the left of the estimate.	he information		
	Transfer Agent's Fees			\$
	Printing and Engraving Costs		. 🗆	s
	Legal Fees.			\$ 25,000.00
•	Accounting Fees			s
	Engineering Fees			s
	Sales Commissions (specify finders' fees separately)			\$
	Other Expenses (identify)			\$
	Total			s
		•		

	C. OFFERING PRICE, NUMBER OF INVESTO	ORS, EXPENSES AN	D USE OF PROCEEDS	
	b. Enter the difference between the aggregate offering price given in responsed total expenses furnished in response to Part C — Question 4.a. This gross proceeds to the issuer."	difference is the "adj	usted	\$ 41,725,000.00
5.	Indicate below the amount of the adjusted gross proceeds to the issuer use each of the purposes shown. If the amount for any purpose is not known, the box to the left of the estimate. The total of the payments listed must equ to the issuer set forth in response to Part C — Question 4.b above.	furnish an estimate ar	nd check	,
			Payments to Officers, Directors & Affiliates	Payments To Others
	Salaries and fees		🗆 \$	□ \$
	Purchase of real estate	<u> </u>	🗆 s	□ s
	Purchase, rental or leasing and installation of machinery and equipment			
	Construction or leasing of plant buildings and facilities	1	S	□ s
	Acquisition of other businesses (including the value of securities involved in used in exchange for the assets or securities of another issuer pursuant to a m	n this offering that ma	y be	□ s
	Repayment of indebtedness		1	□ s
	Working capital			\$41,725,000.00
	Other (specify):		, <u> </u>	□ \$
	Column Totals			\$41,725,000.00
	Total Payments Listed (column totals added)			.000.00

[FEDERAL SIGNATURE PAGE FOLLOWS]

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type) HRJ Capital VC V, L.P.	Signature Coup Pontil	Date 09/30/06			
Name of Signer (Print or Type)	Title of Signer (Print of Type)				
Cory Pavlik	Director of Finance of HRJ VC V Management, L.L.C., General Partner of the Issuer				

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)